

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 57B558

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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31						
32						
33						
34						
35						
36						
37		1				
38			1			
39		1				
40			1			
41		1				
42						
43			1			
44						
45		1				
46						
47						
48						
49						
50		1				
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53					1	
54						
55						
56						
57						
58						
59						
60						
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62						
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77						
78						
79						
80						
81						
82						
83					1	
84						
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86						
87						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		7	↓
TOTAL DEP.	←		←		74	←
TOTAL CLAIMS					81	